

**Open Enrollment Dates May 22 – June 9<sup>th</sup>**  
 If mailing form, postmark must be no later than June 9<sup>th</sup>  
 You may fax this form to 303-866-3879 by June 9<sup>th</sup>

# FY 07 COBRA OPEN ENROLLMENT FORM



## State of Colorado COBRA

## Medical and Dental Enrolment Form

Participant Last Name		First Name		Mailing Address		Check if new address		City		State		Zip Code	
Home Phone Number				Work Phone Number		E-Mail Address							
												Enter name of current medical plan if changing plans.	
LAST NAME		FIRST NAME		DATE OF BIRTH		SOCIAL SECURITY #		MEDICAL		DENTAL			
Participant								Yes No		Yes No			
Spouse								Yes No		Yes No			
Dep-1								Yes No		Yes No			
Dep-2								Yes No		Yes No			
Dep-3								Yes No		Yes No			
Dep-4								Yes No		Yes No			
Dep-5								Yes No		Yes No			
Dep-6								Yes No		Yes No			
<b>Original COBRA Effective Date:</b>						<b>Select a Medical Plan</b>				<b>Select a Dental Plan</b>			
Original COBRA Event: Please check one of the following:  Termination of employment/retirement Disability Retirement/Termination Divorce / Death of employee Child losing eligibility						<b>Great-West Healthcare Network</b> INO-30, PPO-H, PPO-1500, PPO-3300  Kaiser Permanente HMO San Luis Valley HMO				<b>Delta Dental Network</b> Delta Dental Basic Plan Delta Dental Basic PLUS Plan <b>No Network Plan</b> Direct Reimbursement			
<b>COBRA Statements &amp; Signature (MUST be signed and dated)</b> I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS THERETO ARE CORRECT. I UNDERSTAND THAT MISREPRESENTATIONS OR FALSIFICATION WILL SUBJECT ME TO PENALTIES AND POSSIBLE LEGAL ACTION. I HERBY CERTIFY THAT I HAVE READ THE ONLINE OPEN ENROLLMENT MATERIALS AND ACCEPT THE TERMS AND CONDITIONS DESCRIBED. I ALSO AGREE TO ALL OF THE TERMS AND CONDITIONS AS DEFINED BY THE PLANS SELECTED. <b>Signature:</b> _____ <b>Date:</b> _____													

**COBRA Open Enrollment is passive this year, except for those currently in the INO40 plan, which is being discontinued. For those members to continue coverage, you must elect another plan. For all others, a passive enrollment means that you do not need to participate in COBRA Open Enrollment for your current plan to continue into the next plan year.**

# FY 07 COBRA Open Enrollment Election Form Instructions

If you do not wish to make changes to your current elections you **do not need to re-enroll, EXCEPT for those enrolled in the INO 40 Plan, which is being discontinued**. Please review plans, including the Summary Plan Description (SPD,) for any changes effective for the FY 07 plan year. You can access that information at our web site [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits). Click on the green COBRA button to the left of the screen.

## HOW TO COMPLETE THIS FORM:

- Complete all participant information including address, home/work phone and e-mail.
- Complete information for all covered participants. If changing plans please provide name of current plan, i.e. PPO 3500.
- Please provide original COBRA effective date, for example, if you left State employment on December 31, 2005, your first day of COBRA coverage started on January 1, 2006. Your original COBRA effective date is January 1, 2006.
- Please check the appropriate boxes pertaining to original COBRA event, and the medical and/or dental plan you want.

## COBRA Statements & Signature

- Read this paragraph carefully.
- **Make a copy of this COBRA FY 07 Open Enrollment form and keep for your records. Return original to:**  
**Department of Personnel & Administration**  
**Attention: COBRA Administrator**  
**1313 Sherman Street, First Floor**  
**Denver, Colorado 80203-2244**

**FORM MUST BE RECEIVED WITH A POSTMARK OF NO LATER THAN JUNE 9, 2006.**

Or Fax it to 303-866-3879, Attention COBRA Administrator – MUST BE RECEIVED BY JUNE 9, 2006

## For More Information

- If you are unsure of your rights and responsibilities under the law or need assistance in completing this form contact the Department of Personnel & Administration COBRA Coordinator at 303-866-3434 or 1-800-719-3434.
- If you have questions regarding secondary qualifying events please read the COBRA guide available at our web site [www.colorado.gov.dpa/dhr/benefits](http://www.colorado.gov.dpa/dhr/benefits), under the green COBRA button.

## Fraud

- It is unlawful for any employee, employee's dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claims for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, status, and written directives.